STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM STE 262 (REV. 3/2007) See Instructions and *Privacy Statement On Reverse Side									Page of Pages																			
CLA MANT'S NAME						SSN or EMPLOYEE NUMBER*				DEPARTMENT Pages			jes															
	James Plunkett									<u> </u>																		
POSITION CB/ID No. Chief Financial Officer RESIDENCE ADDRESS *						Calif. Institute for Regenerative Med HEADQUARTERS ADDRESS 210 King St.					edicine		TELEPHONE NUMBER (415) 396-9811															
															CITY STATE ZIP CODE						CITY					STATE	ZIP C	
																					San Fran	cisco				CA	94107	7
1) NORMAL WORK HOURS						(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MIL 0.55	EAGE RATE	CLAIMED																
4) MONTH/YE	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSP		TRANSPORTA	ORTATION		(11)	(12)															
12/11-1/			BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR	INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY															
DATE TIM					DINNER	-			PARKING	MILES	AMOUNT																	
12/2	Public Transit for Dec 2011						78.38	/ B			0.00		78.38 /															
1/5 113	Duon Gusto, South Si			-55.00						19.80	10.99	55,00																
1/10 700 815	7 Hiza Restaurant, 51		.60 .08								0.00	52.00	52.00 60.08															
1/3	Public Transit for Jan 2012						110.00	В			0.00		110.00															
1/11 9:2 9:5	Ji wi incening		37-02				51.20	Т			0.00	37.02	88.22															
1/12 9:5 9:5	Ji ivi intecting						7.15	/ T			0.00		7.15															
1/17 6a 6:3	ICOC mtg. in San Diego						10.00	Т	22.00	29.40	16.32		48.32															
1/24	IOM meeting						12.00	Т			0.00		12.00															
1/27 6:0 4:4	CI AOC mig. m LA			15.16	/		60.00	/ T	22.00	29.40	16.32		113.48															
1/27 4:4	CFAOC mtg. in LA		***************************************				187.80	A			0.00		187.80															
1/23 3:0 4:3	. Interest in Memmond, Cri						4.05	В		24.60	13.65		17.70															
						,					0.00		0.00															
13)	SUBTOTALS	0.00	97.10	70.16	0.00	0.00	520.58		44.00	103.20	57.28	0.00	781.0 789.12															
COLUM	N CODE (ACCTG. USE ONLY)												3 - 2 - 1															
	CLAIM TOTAL												\$789.12															
14) 011000	PURPOSE OF TRIP, REMARKS AND DETAIL	S (Attach receipt	ts/vouchers w	nen required)						AC	ENCY ACC	COUNTING	OFFICE															
Jan Jan R&	5: Michael Goldberg, Finance 10: Biotech company meeting D to California 11: Biotech company meeting	Subcommi at JPM cor	ttee chair aference v	· - discuss	Γhomas -	discussed				PAID B		E ONLY G FUND CHE	CK NUMBER															

(15)

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

Jan 23: Biotech company meeting with Jon Thomas - discussed company award regulations

Jan 24: IOM review of CIRM Jan 27: CFAOC meeting

Ø

ing to vehicle safety and seat belt usage

DATE

DATE

AND PAYMENT

DATE

2.1.2012

ITLE (See Item 17 on reverse)

DATE